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CONFIRMATION NO. 2064

Bib Data Sheet

SERIAL NUMBER 09/514,657	FILING DATE 02/29/2000 RULE	CLASS 455	GROUP ART UNIT 2683	ATTORNEY DOCKET NO. P-4015.321						
APPLICANTS Anders Waesterlid, Stuvsta, SWEDEN; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/01/2000										
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 10	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3						
ADDRESS David E Bennett Coats & Bennett PLLC PO Box 5 Raleigh, NC 27602										
TITLE Method for facilitating electronic communications										
FILING FEE RECEIVED 780	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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SERIAL NUMBER 09/514,657	FILING DATE 02/29/2000 RULE -	CLASS 705	GROUP ART UNIT 2768	ATTORNEY DOCKET NO. P-4015.321	
APPLICANTS Anders Waesterlid, Stuvsta, SWEDEN; ** CONTINUING DATA ***** <i>None</i> ** FOREIGN APPLICATIONS ***** <i>None</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED <i>None</i> ** 05/01/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>None</i> Examiner's Signature Initials		STATE OR COUNTRY SWEDEN	SHEETS DRAWING 10	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
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